٠			BES	VA FE	AILA	ALE CO	PY .	7)	09	94	40 <i>19</i>	3	
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000								Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN			
TC	TAL CLAIMS	20	2			RAT	E	FEE	1	RATE	FEE		
FC	R	NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE 355.00		OR	Basic Fee	710.00		
TC	TAL CHARGE	2 0 minus 20=		. 6		X\$ 9	X\$ 9=		OR	X\$18=			
NE	EPENDENT C	3 minus 3 =		. 0		X40	X40=			X80=	,		
MU	LTIPLE DEPE	NDENT CLAIM P	RESENT				+135	+135=		OR OR	+270=		
• if	the difference	in column 1 is	less than z	ero, ente	"O" in column 2		TOTA	4		OR	TOTAL	70	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID	BER	PRESENT EXTRA	RATI	111	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ğ	Total	- 20	Minus	- 21	0	= 0	X\$ 9	=		OR	X\$18=		
AME	Independent	<u>· 3</u>	Minus	3	>	- Ø	X40-			OR	X80≖		
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENUENI	CLAIM		+135	-		OR	+270=		
							TOT			OR	TOTAL		
		(Column 1)		(Colu	nn 2)	(Column 3)	ADDIT. F	EE J			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO	Total	. 19	Minus	- 2	0		X\$ 9	-		OR	X\$18=	7.5-5-	
AME	Independent	NTATION OF MI	Minus		3	=	X40=	٦		OR	X80=		
			octili CE OC	CNOCH	OCC1388		+135			OR	+270=		
• .		6.0					ADDIT, F			OR	TOYAL ADDIT, FEE		
		(Column 1)		(Colun		(Column 3)							
SIMERONIEN C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	X\$ 9=	T		OR	X\$18=		
	Independent	•	Minus 4.	•••	11	=	X40=	+			X80=		
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		1	+		OR	700=		
• 11	the entry in enha	nn 1 is loss than th	o ootse is sub-		90° in and	2	+135=			OR	+270=		
H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR TOTAL ADDIT. FEE			
ī	he Highest Num	ber Previously Pale	For (Total or	independe	nt) is the	r a, writer "a." highest number	found in the	аррі	ropriate box			,	

FORM PTO-875

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